



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
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July 6, 2006

Stacy Schoonover, Administrator
Gooding Rehabilitation & Living Center
1220 Montana Street
Gooding, ID 83330

Provider #: 135083

Dear Ms. Schoonover:

On June 16, 2006, a phone/mail follow-up was conducted with your facility to verify correction of deficiencies noted during the Recertification and Complaint Investigation survey of April 21, 2006. Gooding Rehabilitation & Living Center was found to be in substantial compliance as of **May 24, 2006.**

Your copy of a Post-Certification Revisit Report, CMS Form 2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Loretta Todd". The signature is fluid and cursive, with the first name "Loretta" being more prominent than the last name "Todd".

LORETTA TODD, R.N.
Supervisor
Long Term Care

LT/dmj

Enclosures